Iowa's Maternal, Infant, Early Childhood Home Visitation (MIECHV)

Continuous Quality Improvement Plan

Developed by:
The Iowa Department of Public Health
Bureau of Family Health
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Iowa's CQI Plan & Goals

Definitions

- MIECHV
  Maternal, Infant and Early Childhood Home Visitation program

- Quality Assurance
  Systematic activities implemented to ensure a product or service is fulfilled. It is the systematic measurement, comparison with a standard, monitoring of processes and an associated feedback loop that confers error prevention.

- Quality Improvement
  Quantitative and qualitative methods to improve the effectiveness and efficiency of service delivery processes and systems, as well as the performance in delivering products and services enabling the implementation of high-impact, evidence-based interventions to achieve better results.

Mission

The mission of Iowa's Continuous Quality Improvement (CQI) Plan is to increase Iowa MIECHV staff's ability to recruit, retain, and work effectively with families from diverse backgrounds. By October 2017, two CQI projects/aims around this topic will be implemented. Subtopics will be chosen pending discussion with the Regional CQI Group; possible topics include refugee populations, interpretation, and cultural competence/workforce development. An updated CQI Plan will be provided annually to HRSA within 90 days of the Notice of Award date of issuance.

Approach to Learning and Improvement

Learning and improvement are central to Iowa MIECHV's work, and are both continuous and continually changing. The MIECHV state team seeks to learn from many sources including federal partners, other state programs, and local programs. MIECHV state staff also seek to build their skills in the areas of family support, child development and data management and analysis through trainings, conferences, and research.

The state team encourages contractors to strive for continuous improvement through external trainings, including assessment trainings and the annual Prevent Child Abuse Iowa/ Family Support conference, as well as internal trainings provided by the state staff (See DAISEY

Training, CQI Regional Group Trainings, All-Contractor Training, and Other Resources & Technical Assistance for Iowa MIECHV). Along with the above trainings, in order to support LIA efforts to use data for CQI and increase buy-in for state CQI activities, the state MIECHV team has implemented the following practices:

- Monthly contractor calls, which include the presentation of data related to the current CQI effort followed by discussion and best-practice sharing among LIAs
- Quarterly CQI newsletters that communicate the current CQI topic and associated resources for LIAs and is distributed to all LIAs
- Transition to the DAISEY database and intelligence reports (see Data Collection-Intelligence Reports)
- Review of each LIA's data at yearly on-site visits by MIECHV state program managers, particularly data related to participant capacity, Data MIA, and the use of Level X and re-engagement periods
- Contract incentives for LIAs for data completion, capacity, and home visitation dosage

Feedback is gathered from CQI Regional Group members as well as all MIECHV contractors once a CQI project is complete. Feedback is requested at each CQI Regional meeting and at the distribution of the quarterly newsletter, among other times. Data is periodically checked after the completion of a CQI topic to look for measureable effects on client data and outcomes based on past CQI topics. Iowa MIECHV's approach to learning and improvement is a living approach that grows and changes based on this qualitative and quantitative data as well as the changing environment.

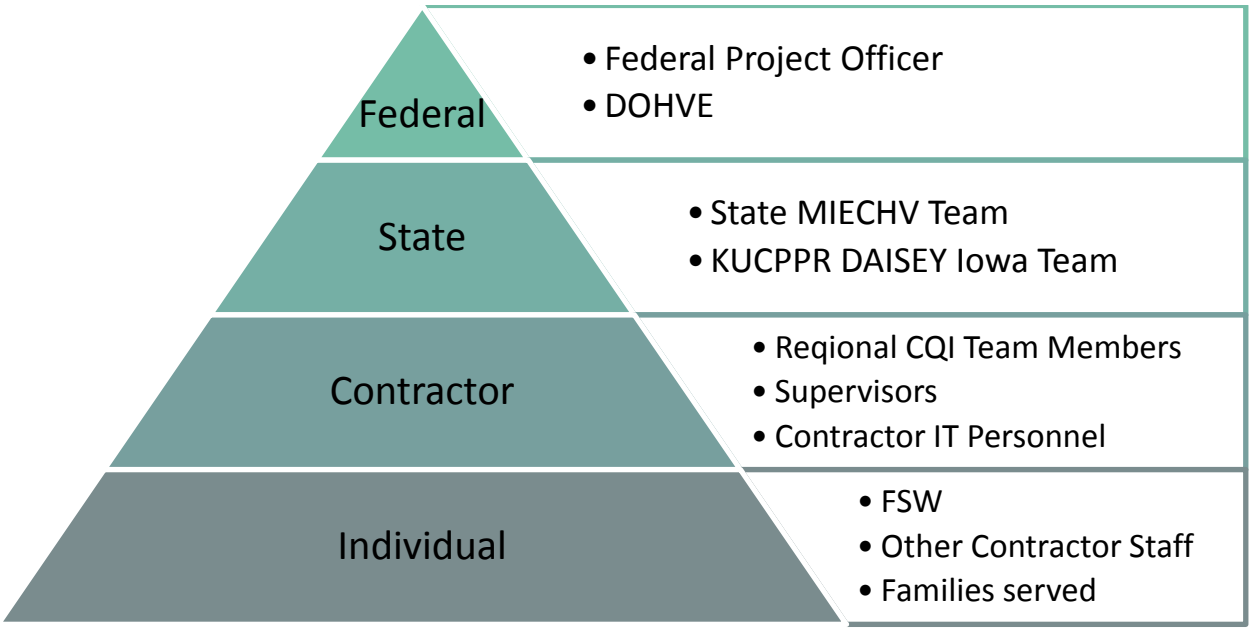
Infrastructure for Driving Improvement

Involvement of key stakeholders

Key stakeholders of the MIECHV Continuous Quality Improvement (CQI) plan include:

- The state MIECHV Team through the Iowa Department of Public Health (IDPH)
  - State Program Director
  - State Program Manager
  - Quality Assurance Coordinator
  - Technology and Professional Development Coordinator
- Kansas Universities Iowa DAISEY team
  - the University of Kansas Center for Public Partnerships and Research
- The Regional CQI Team
  - Quality Assurance Coordinator
  - At least one representative from each contractor (Appendix D)
- MIECHV contractors and subcontractors (Appendix C)
- Local community partners
- Families receiving services

Figure 1:



Roles & Responsibilities

The Quality Assurance Coordinator is responsible for data analysis, data and quality improvement training planning and implementation, facilitating the CQI Regional Group, and implementing the CQI Plan. The State MIECHV team and KUCPPR DAISEY Iowa Team with assist and provide feedback when requested. LIAs are responsible for data collection, with supervisors and administers responsible for regular data checks and quality assurance. The CQI Regional Group is responsible for communicating local priorities, challenges, and successes with the QA Coordinator, as well as assisting in choosing topics for CQI projects and implementing these projects.

Data Collection

Data System

Data Application and Integration Solutions for the Early Years (DAISEY), the state-wide web-based data collection and analysis system will be the main vehicle for gathering and providing data to inform the state's CQI plan. DAISEY is operated through Kansas University's Center for Public Partnerships and Research. Previously, Iowa MIECHV programs have collected data through REDCap, operated through the University of Iowa. REDCap will go offline on October 17, 2017, during which time the QA Coordinator will export, clean and recode all data, then the QA Coordinator and KU will import all active families and their associated assessments into DAISEY. On October 24, 2017, the DAISEY system will go live. Any families enrolled and assessments given during the week without an active data system will be retroactively entered into DAISEY. The Iowa DAISEY team, the state MIECHV team and all MIECHV contractors have access to the DAISEY system.

DAISEY will be used not only by MIECHV contractors, but also by Early Childhood Iowa (ECI), HOPES Healthy Families Iowa, and Shared Visions funded home visiting, parent education, and outreach programs. This has eased the reporting demands of braided funding and increased the accuracy of data collected by the state. Two non-MIECHV supervisors are included in the CQI group as part of an ongoing effort to increase communication, knowledge sharing, and quality improvement activities amongst Iowa home visiting programs.

Data can be imported or exported in DAISEY, and is compatible with multiple data viewing or analysis packages, including Microsoft Excel, SPSS, SAS, R, and STATA. The system is only accessible with an ID and password assigned by the Iowa DAISEY Program Manager. The system is both HIPAA and FERPA compliant. The system is accessible through a secure website

via a data plan or wireless internet. It can be accessed on iPads utilized by home visitors or through any computer connected to the internet.

Data Sources

Data collected for the MIECHV Benchmark Plan through DAISEY forms the backbone that drives CQI activities because Iowa's MIECHV data collection was planned around the benchmark requirements. National and statewide data sources are also used for Iowa's CQI activities, primarily for comparison purposes. These sources include but are not limited to: Medicaid, the Iowa Census, the State Library, and other sources.

Programmatic data includes family demographic information, a quarterly report of services provided, an annual report of services provided and updated family demographics, the Alcohol and Other Drug screening tool, the Life Skills Progression instrument, the Edinburgh Postnatal Depression Scale, the Child Health Development Record questions about parenting stress, the Relationship Assessment/DOVE tool, the Ages and Stages Questionnaire III and the Ages and Stages Questionnaire: Social Emotional. Profile data is collected upon enrollment, quarterly report data is collected up to 15 days after the end of the quarter, and annual report data is collected upon exit or by October 15 of each year. Data is entered online into DAISEY; family assessments can be entered in the home directly on the i-pad with the safety mode configured. For justification of each tool selected and more information on data collection, timeframes for collection, and desired outcomes, please refer to the Iowa MIECHV benchmark plan.

DAISEY Training

Extensive training for the DAISEY data collection system will be provided by KU's DAISEY Iowa team and the Quality Assurance Coordinator, including navigation training, in-person DAISEY funder/supervisor/administrator training, intelligence report training, post-implementation Open Mic sessions, and targeted remedial training for anyone struggling with the DAISEY post-implementation. Video tutorials will be posted online as well. Training topics include system navigation, program data requirements, data security, contractor responsibility for accurate and complete data, the transition from REDCap to DAISEY, and to the new Iowa MIECHV Benchmark plan.

Additionally, "I-buttons" have been added to data fields that could require an explanation, and a Data Dictionary has been created with instructions for each data field. A MIECHV Benchmark guide detailing data sources and calculations for every measure, as well as which measures are program verses outcome indicators will be provided to contractors and TA will be provided on this guide at an all-contractor meeting and on an as-needed basis.

Intelligence Reports

Once DAISEY is implemented in FY17, programs will have access to real-time, pre-built "intelligence reports" that the Quality Assurance Coordinator and the DAISEY Iowa team have developed. These reports will be built into the DAISEY user interface.

Intelligence reports are developed on an on-going basis according to program need and feedback. Intelligence reports are drafted by the Quality Assurance Coordinator with feedback from the CQI Regional Team. Intelligence Reports present aggregate data via graphs and tables, with the ability to drill-down into each measure to identify which home visiting participants and home visitors fall under each measure. Report users can choose the timeframe for each report and filter reports by program and county.

The intelligence reports that will be available upon or shortly after implementation include:

- MIECHV DGIS & Benchmark Report
- Data MIA Report- to allow programs to see any demographic, quarterly or annual report, or assessment data that is missing for each family they are currently serving or have served within the fiscal year.
- Demographics Report- provides programs with their aggregated demographic data
- ASQ Report- provides programs with program and child-level outcomes data for the five ASQ subcategories; scores are categorized as above the cut-off, in the monitoring zone, and below the cut-off/referral needed.
- Individual Family Reports- lists all completed assessments, quarterly, and annual reports for each caregiver and associated children.

These intelligence reports will be vital in assuring that programs have real-time access to their aggregated and analyzed data so that program managers and home visitors without the time or knowledge for advanced data analysis can use their data for contract compliance, program planning, communication with stakeholders, and to drive quality improvement projects. For example, programs can run an ASQ report to identify that 15% of their children served this quarter are below the cut-off for communication, which is the highest percentage among the five subcategories. The program could then plan a CQI project around supporting families in this area.

Programs will also be able to export and analyze their data for anything not included in reports. The state Quality Assurance Coordinator will analyze and disseminate state-wide MIECHV data

for the purposes of identifying areas of weakness, celebrating successes, and Quality Improvement project planning.

The Regional CQI Group

Overview

Membership for the regional CQI group is comprised of at least one representative from each MIECHV contractor and the State Quality Assurance Coordinator. The State Quality Assurance Coordinator allocates .20 FTE to statewide CQI. This staffing time equals $13,048.18 and is the entirety of the state budget for CQI activities. LIA management is supportive of staff involvement in the CQI Regional Team, including the staff time involved for meetings and follow-activities (see Appendix D). All CQI Regional Group members indicated that their management was supportive of their involvement in CQI. One CQI Group member said, "Management strongly supports my participation in the statewide CQI group. They usually respect my thoughts and decisions and will listen if I think there is something we could do differently."

The lowest level of commitment to the CQI Regional Group includes participation in quarterly meetings and email feedback on topics such as DAISEY transition planning and the sharing of CQI activities. This level of commitment involves staff time of approximately one hour per month. Higher levels of commitment include working more directly on CQI projects, field-testing the DAISEY system, and checking report calculations, among other activities. The most involved CQI members spend between two and ten hours a month on state CQI.

Due to the nature of home visitation work, many supervisors are over-burdened with work, which often leads to less participation in activities. The Quality Assurance Coordinator seeks to maximize the use of participant's time through rigorous preparation and organization for each meeting and well as options for various levels of commitment. Going forward, the Quality Assurance Coordinator will seek to motivate members to be more involved in state CQI projects, given the current low level of commitment for many members. Tactics will include those listed above along with requesting a commitment of attending at minimum three of the quarterly meetings per year and acting as lead on at least one project per year in order to continue membership, communicating the purpose of each project and the specific benefits to LIAs of each project, and implementing engaging trainings. Funding for CQI members is limited to staff time and once a year travel to Des Moines for the annual in-person meeting.

CQI Regional Team Meetings are held at least on a quarterly basis. The focus of each meeting is threefold:

1. To provide feedback to the state on the data collection system.
2. To assist in determining and developing CQI activities for MIECHV at the state and local levels.
3. To cultivate members' abilities analyze and utilize their program's data for ongoing program improvement.

CQI team members are encouraged to consult with their home visiting staff to gain input for topics and during all points of discussion and project planning, implementation, and evaluation. MIECHV Iowa programs are encouraged to learn from one another and share current and past CQI activities during each meeting.

Family Involvement

Home visiting clients have not been directly involved in statewide CQI efforts up to this point, although going forward, the CQI Regional Group will seek to involve families. The CQI Regional Group will discuss and decide upon the best way involve families. Additionally, primary caregiver response data from the Parent Survey from Iowa's recently completed Workforce Study will be reviewed upon its release, and the CQI Regional Group will discuss how to incorporate this data into the CQI Plan.

LIAs involve families in local CQI planning through the following measures:

- Phone and paper surveys to seek input on areas for improvement to aid in CQI priority setting/ topic planning
- Family Focus Groups to gather qualitative data from families to guide service changes and gather guidance and feedback on CQI projects
- Parent Advisory Council/ Local Advisory Boards- home visiting programs share data and updates with this council, then the council provides feedback on the shared data, general services, and current CQI projects

CQI Past Topics

- **Diversity:** By March 31, 2015, all Iowa MIECHV LIAs will have data on who is being served by Iowa MIECHV in terms of race, language, marital status, gender, ethnicity, and income, along with the skills to analyze their own program's data for these trends and information on best practices in serving a diverse participant population.
- **Family Retention** (Newsletter- see Appendix A): By June 30, 2015, all MIECHV LIAs will receive an individual report of their program's home visitation dosage and family

retention over the past year; best practices for increasing family engagement will be shared by the LIAs most successful in this area and an action plan will be constructed.

- **Self-Sufficiency:** MIECHV Iowa's data on employment, benefits, income and education will be analyzed and a Fact Sheet (see Appendix B) on MIECHV & Self-Sufficiency will be created and disbursed by February 2016 to all LIAs.
- **MIECHV FY17 Benchmark Transition:** By September 15, 2016, all LIAs will be trained in Iowa's new Benchmark Performance Plan. A 1.5 hour in-person training, Assessment Flow Chart, Iowa Benchmarks & Data Context Guide, and Benchmarks at a Glance Guide will all be created and distributed.

Several lessons learned during past CQI projects have informed the current CQI Plan. Primarily, CQI Regional Group members must have buy-in for the projects in order to actively participate, and the projects will not be robust without their active participation. Strategies for buy-in are described in further detail in Iowa's CQI Plan & Goals- Approach to Learning and Improvement. Another lesson learned was that a strength-based approach, even in areas where LIAs are not doing great, will be more effective than solely focusing on what needs to be improved.

CQI Future Topics

The process for planning the specific CQI projects will include:

1. The Quality Assurance (QA) Coordinator will gather, analyze and map relevant data to present to the CQI Group for discussion. Specific data that will be reviewed will include:
    a. MIECHV participant household languages compared to county census data,
    b. program mapping of current interpretation services and policies,
    c. analyses of refugee clients to assess for differences in recruitment, retention and proportion of refugees served verses proportion of refugee living in the community,
    d. map of workforce demographics and how they reflect home visiting participant demographics, and
    e. an exploration of disproportionality in populations served.

2. The Regional CQI Group will explore the data and discuss where potential CQI needs lie, what LIAs are already doing locally to address this topic, and potential statewide CQI projects. Tools developed for the Toolbox Training (see All-Contractor Training), including the Process Map- Decision Tree, Locus of Control Venn Diagram, CQI Activity Planning Worksheet and Resource to Output Matrix will all be utilized where appropriate. Additional tools, such as Root Cause Analysis and mapping of current statewide resources and practices will be utilized where appropriate as well.

3. Once a specific need/topic is chosen, the goal will be written as a SMART aim, and the QA Coordinator and Regional CQI Group will begin to implement the project.

4. Projects will be evaluated through analysis of home visitation data in DAISEY over time, discussion among CQI Group members, and staff and home visitor participant surveys.

5. The CQI project will be shared at an All-Contractor call, via the CQI Newsletter, through invitation of all contractors to Lunch & Learn webinars, and via other means that the group decides upon.

CQI at the Local Level

Overview

Each contractor is required to have a local advisory board in which a minimum of 51% of membership must be parents participating in the program. The local advisory boards are a venue for parents to provide critical feedback to the program and the services provided. This feedback guides local programs in setting priorities for their CQI agenda. Individual LIAs are encouraged to initiate CQI projects at their agencies, however these are expected to be aligned with local and agency-level goals and priorities and do not need to align with statewide priorities. Additionally, contractors and national model developers are responsible for maintaining fidelity to the national home visitation model in their community. Each national model has an existing system to monitor model fidelity.

All-Contractor Meetings

Local contractors are invited to share strengths and weaknesses, as well as lessons learned, with other contractors at the state-convened monthly contractor meetings. Twice per year all contractors convene for in-person meetings.

Local CQI Projects

Local LIAs are currently implementing the following CQI projects:

- Infant Mental Health Coaching for Direct Service Workers: Each direct services staff is paired with a MIECHV therapist who will use reflective consultation to identify skills and areas to target for improvement.
- Retention Rates: Discharge data has been analyzed, discharge reasons were categorized, and staff discussed and decided upon the common discharge reasons that are within their control to change. Staff will now create a CQI plan based upon this data and these discussions.
- HOVRS-tailored supervision, coaching, and mentoring: The HOVRS is used to assess home visitor skills and provide supervision, coaching and mentoring on improving practices on an individual level to all home visitation staff. HOVRS data is also analyzed in aggregate to make informed decisions on all-staff TA and training needs and to implement these trainings.
- Organizational Process Streamlining: A plan is begin developed to streamline all data entry for goals and referrals into one system.
- Public Health Accreditation Board (PHAB) Accreditation: The LIA is currently working through the standards and processes necessary to earn accreditation.

- Moving home visits to the home: The percentage of home visits actually occurring in the home will increase to at least 90% by working with families to ensure their transportation needs are met elsewhere.

Additionally, many LIAs have reported that while they are not currently implementing any CQI projects, they are in the planning and discussion phases of this process.

Building a Culture of Quality

Overview

At every level, there is an emphasis on creating a culture of quality through consistent communication, regular feedback channels between state and local contractors, and encouragement of new and creative ways to address common problems or areas of concern.

CQI Regional Team Trainings

Training is incorporated into each quarterly Regional CQI Team meeting and includes data management, analysis and a focus on reading and processing quarterly CQI reports and the data that underlies them. CQI team members have had the opportunity to participate in report trial runs and calculation checks as well as DAISEY data field and report planning. CQI members choose the data training topics that will be most useful for them. Past topics have included data correlation, Excel calculations and analysis, and Excel pivot tables. Data trainings utilize MIECHV data to maximize their relevance and usefulness to programs. By providing intensive support and training to Regional CQI Team members, quality improvement champions are thereby fostered and encouraged to be leaders at the local level.

All-Contractor Training

The state Quality Assurance Coordinator and Technology and Professional Development Coordinator are currently developing a Toolbox Training to empower programs to use their data on a regular basis for CQI based the story their data tells. This training will be offered to all contractors, will be based in real programmatic data and QI activities, and will walk participants though the process of planning, implementing, and evaluating a local CQI project. Additionally, this training will assist participants in building their CQI Toolkit, which will include the following materials developed for Iowa Home Visitation CQI:

- Decision Tree Process Map
- Locus of Control Venn Diagram
- CQI Activity Planning Worksheet
- Resource to Output Matrix

Programs will be encouraged to use the process taught in this training to plan local CQI activities. An example of a local CQI project that could be planned based on the above process would be “By September 1, 2017, we will increase the recruitment of families from refugee

background by 15% to reflect the high-need and increased population of refugee families in our communities."

Other Resources & TA for Iowa MIECHV

Other CQI expertise in the state of Iowa is accessed through ongoing trainings and partnerships within the Iowa Department of Public Health (IDPH). CQI activities available through IDPH may include trainings on the topics of professional facilitation, program management, online meeting improvement, technical writing and strategic planning.

The MIECHV Project Officer, DOHVE liaison, Pew Trust Data Initiative, and external consultation may be sought periodically throughout the development and refinement of Iowa's CQI process, depending on identified needs. Other quality assurance and improvement experts may be consulted through the IDPH. Should specific questions arise regarding model fidelity or other program questions or concerns, support may be sought from national model developers. The University of Kansas provides continual support for the data management and analysis necessary for the activities of the CQI structure. Other academic partners in the state, including Iowa State University and University of Northern Iowa, may be consulted if expertise in specific subject areas is needed.

Appendix A: CQI Newsletter- June 2015

MIECHV CQI Newsletter:

Family Retention

JUNE 2015

What's Inside?

*The Continuous Quality Improvement (CQI) team is a partnership between MIECHV supervisors and the MIECHV Quality Assurance Coordinator. The CQI team focuses on **data-driven quality improvement initiatives** for home visiting programs in Iowa.*

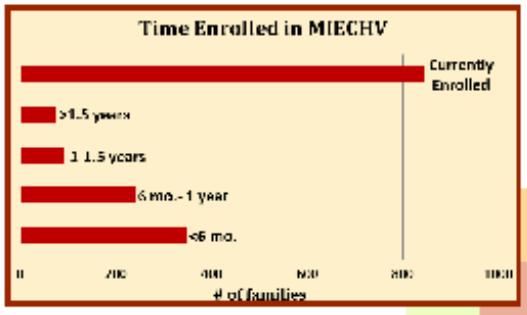
Data at a Glance

Iowa MIECHV programs have served 1,597 families since beginning services in 2011. 751 of these families have been discharged, while 846 are currently being served.

Of those who have been discharged, 10% were exited due to completion of services, while 90% were exited for another reason.

Barriers to retention that programs are experiencing include:

- *Community/policy issues: in one county, funding cuts to a low-income housing program caused many families to move.*
- *Home visitor turn-over.*
- *State benefit differences: some families move back and forth between states depending on which benefits they currently need/ qualify for and what different states offer.*



Data Source: MIECHV REDCap. All data in this report exported 04.27.15.

*The **top 7 reasons** families discontinued services were:*

1. *Moved out of service area (25%)*
2. *Lost contact (22%)*
3. *No longer interested in services (17%)*
4. *Too busy/ job change (9%)*
5. *Completion of program/ child aged out (7%)**
6. *Other program more appropriate (5%)*
7. *Lack of engagement (5%)*

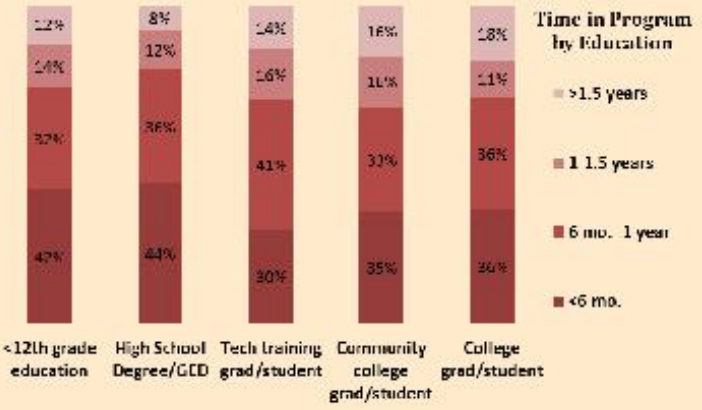
**10% of home visitors recorded completion of services but 3% of these noted a different reason for discharge.*

Which of these do programs have some control over?

Appendix A: CQI Newsletter- June 2015

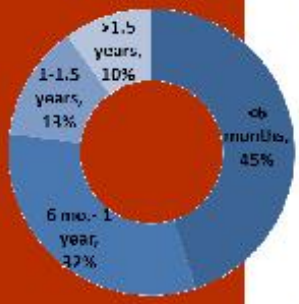
PAGE 1

Data at a Glance: Education



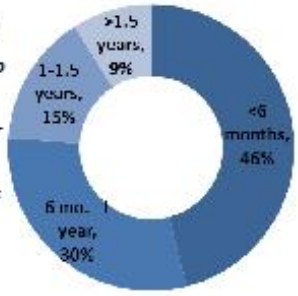
Data at a Glance: Marital Status

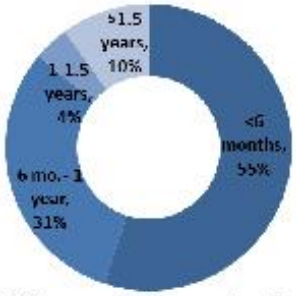
Never married



MIECHV data reflects 538 primary care givers who have never been married, followed by 148 who are married, 51 who are divorced/separated, and 4 who are widowed. As the surrounding charts show, divorced/separated primary care givers have a lower rate of retention than the other groups. What are some possible reasons for this? What are some ways these families can be targeted for retention?

Married





Divorced/Separated

MIECHV CQI NEWSLETTER: FAMILY RETENTION

Appendix A: CQI Newsletter- June 2015

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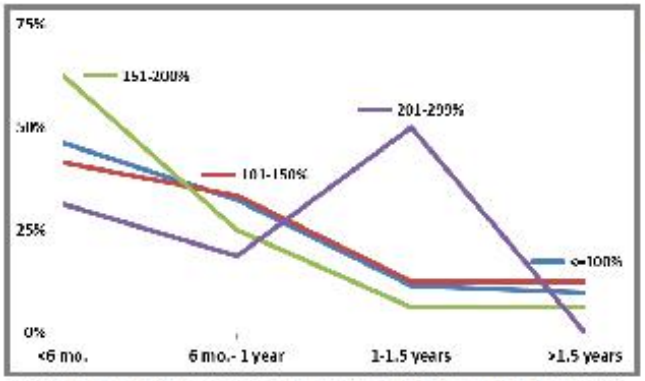
Data at a Glance: Income



n= 725. Note: Only 16 families each reported incomes at 151-200% and 201-299% of the FPL; no families reported an income higher than this. Due to these small sample sizes, comparisons at these income levels are more likely to be caused by chance.

Income (measured by the percent of federal poverty level reported at enrollment) has a significant impact on the time a family spends in a program before exiting.

Data at a Glance: Employment

Employment at the time of enrollment also appears to affect family retention, with better employment positively correlated to staying in a MIECHV program. Scores below are taken from Initial LSPs.

Time in Program	Unemployment, unskilled, or no work experience	Occasional, seasonal, or multiple entry level jobs	Stable employment in low-income job	Stable employment with adequate salary & benefits	Career of choice with potential good salary & benefits
<6 mo.	42%	44%	30%	35%	36%
6 mo.- 1 year	12%	36%	41%	33%	36%
1-1.5 years	14%	12%	16%	16%	11%
>1.5 years	32%	8%	14%	16%	18%
Total	234	289	44	49	28

What other factors have you seen affect family retention and engagement?

Spotlight: Motivational Interviewing

Motivational Interviewing (MI) is a client-centered method for enhancing intrinsic motivation to change. MI is goal-oriented and helps clients to explore and resolve ambivalence.

Spirit of MI:

- Collaboration: a partnership that honors the client's knowledge & perceptions.
- Evocation: drawing out resources, strengths, reasons for change and intrinsic motivation that already exists in the client.
- Autonomy: affirms the client's right and capacity to choose whether and when to change.

General Principles:

- Express empathy

- Develop discrepancies
- Roll with resistance
- Support self-efficacy (note client strengths, affirm successes in making other previous changes, etc.)

A Few Methods:

- Open questions
- Reflective listening
  - Affirming
  - Methods for evoking change talk: eliciting from the client discussions of personal values, goals and strengths; "good and not so good" ideas about changing; looking forward or backward to compare life with or without changes.

Resources:

- http://www.motivationalinterviewing.org/
- http://www.nova.edu/gsc/forms/mi_rationale_techniques.pdf

What can YOUR program do to increase family engagement & retention?

- **Programs: ID characteristics of families who quit the program early. 1 tactic: interview both those who exited early & those who successfully completed services (then use this data!).**
- **Programs: Train workers on strength-based assessments and practices.**
- **Programs: Seek to understand cultural and community norms around parenting and service utilization.**
- **Programs: When possible, include mental health expert on team to assist with high risk families.**
- **Supervisors: Use reflective supervision, observation of home visits, and open dialogue with staff about where they're struggling.**
- **Home Visitors: Work with family to plan for key *participant* goals.**
- **Home Visitors: Involve other caregivers in the home visit (i.e. fathers, grandparents) as appropriate and possible.**

Appendix B: CQI Self-Sufficiency Fact Sheet- February 2016

Iowa MIECHV & Self-sufficiency

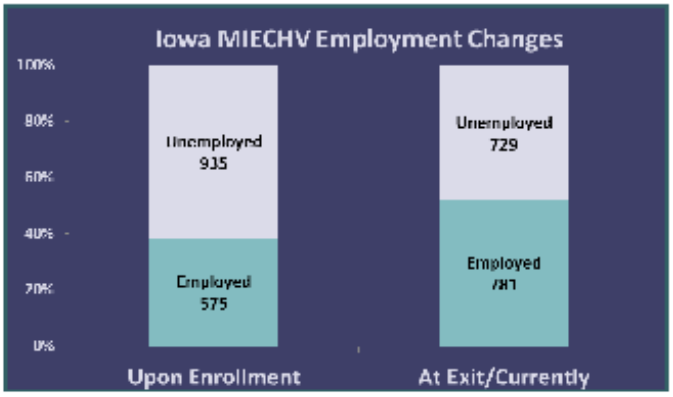
2011-2015 **Total families: 1967**

Changes from Enrollment to Exit*:

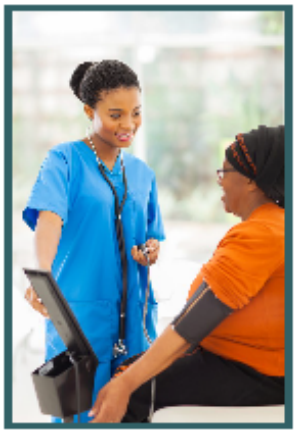
*or 12.31.15 for currently enrolled families

Iowa Family Support

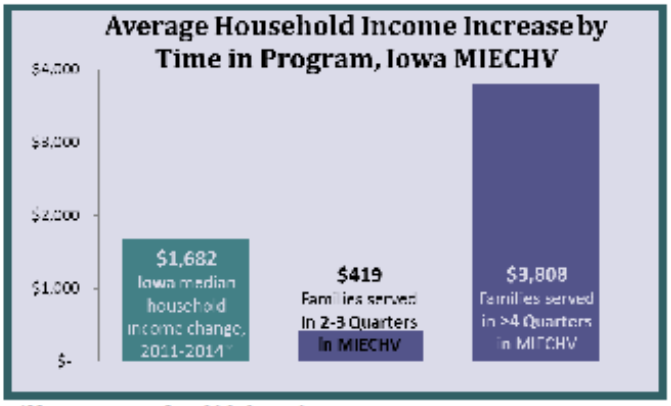
- The MIECHV family **employment rate** increased **26.3%!**



n=1510 (Families served in >1 Quarter, for whom comparison data is available)



- On average, MIECHV family **household incomes** increased by **$2108!**

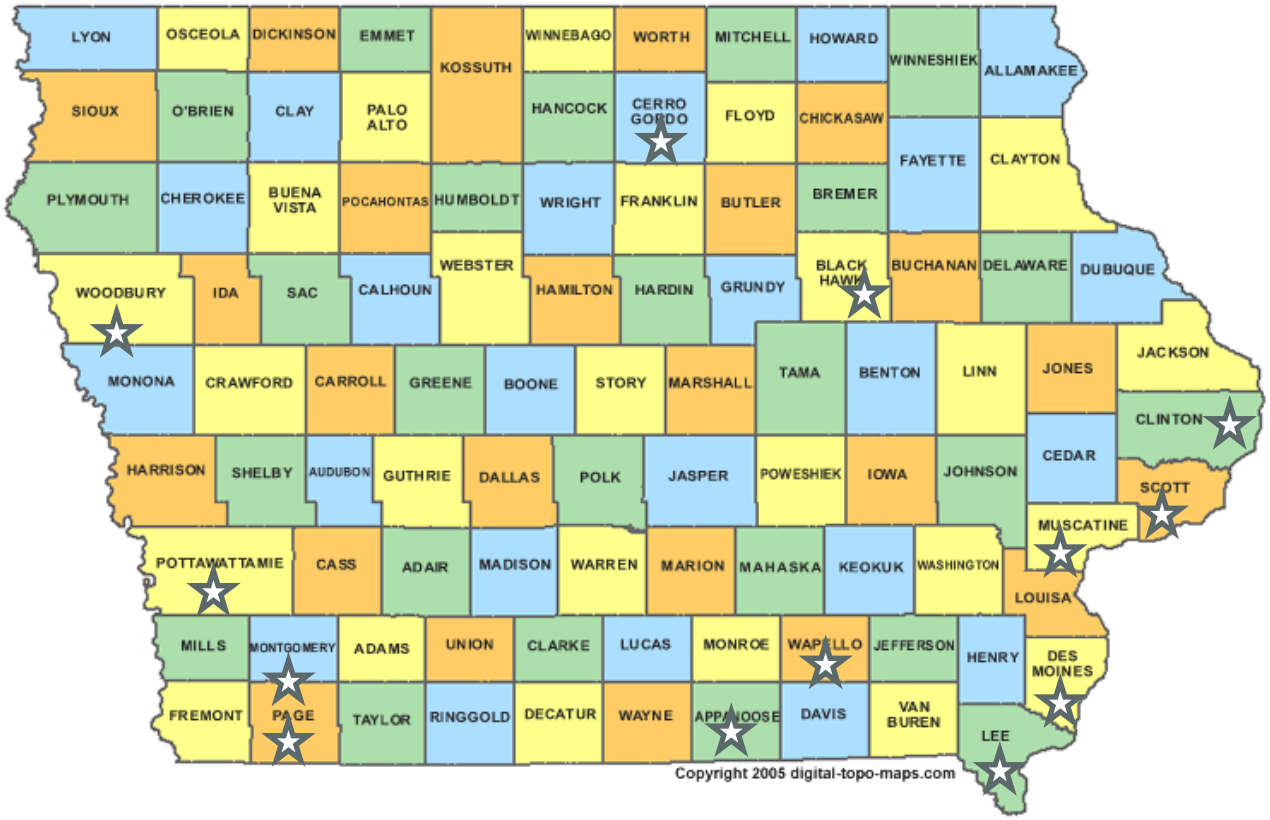


*Most recent year for which data exists
n=1504 (8 cases thrown out due to probable error)
Families served 2-3 Q's: n=762; Families served ≥4 Q's: n=742

Greater participation = Greater income gains!

IDPH
Iowa Department of Public Health

Community Service Area	Contractor	Funding	Capacity
Appanoose, Wapello	SIEDA Community Action	$200,000	40
Black Hawk	Operation Threshold	$475,000	90
Cerro Gordo	Lutheran Services in Iowa (LSI)	$150,000	30
Clinton, Muscatine, Scott	Lutheran Services in Iowa (LSI)	$1,200,000	240
Des Moines, Lee	Lee County Public Health	$225,000	45
Montgomery, Page, Pottawattamie	Promise Partners	$480,000	96
Woodbury	Siouxland Human Investment Partnership (SHIP)	$540,000	108



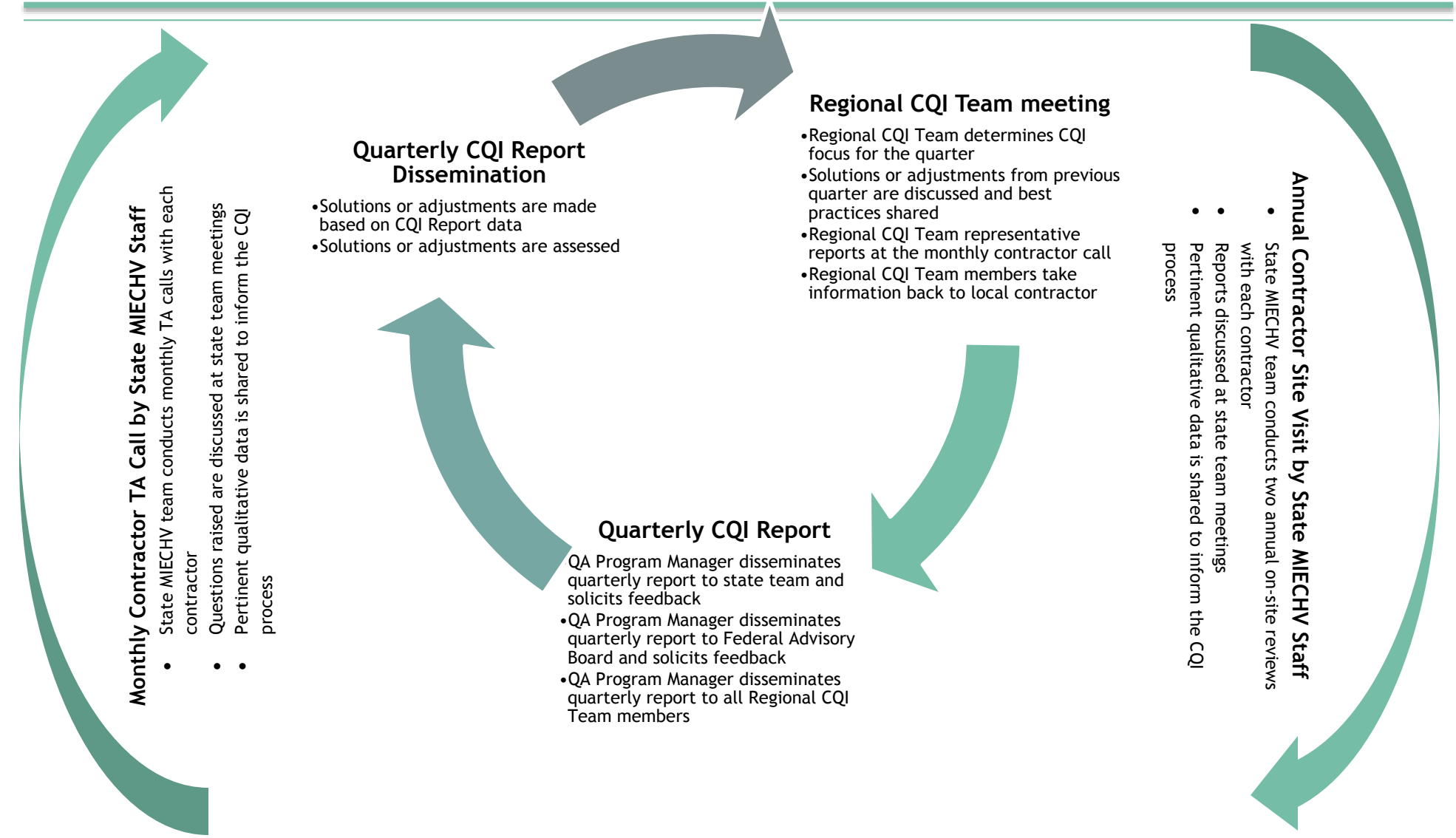
Appendix D: CQI Regional Group Experience/Skills

Local Implementing Agency (LIA)	**CQI Regional Group Members & Roles**	**CQI Experience & Skills*** *All LIAs implement CQI practices, although many do not utilize *formal* CQI tools/process. Members' experience with CQI is described in their habitual and past CQI activities below. CQI-specific skills were not identified by LIAs, but in general include skills in data analysis, project planning and evaluation, and reflective supervision.	**Staff Time Allocated to CQI**
SIEDA Community Action	Sue Wolver, MIECHV supervisor	None outside of state CQI group.	Sue: .03 FTE Staff: 0
Operation Threshold	Tamika Fisher, Director, Early Learning and Family Services	Involved in CQI activities in all of the following groups/positions: Co-lead of LSI's Early Childhood CQI team, Iowa Family Support Credentialing Program Coordinator and peer-reviewer, OT-Planning & Compliance Team, Co-chair of Iowa Family Support Professional Development Group, HFA peer reviewer.	Tamika: .5 FTE Staff: .35 FTE
Tri County	Rachelle Ravn, Program Supervisor	Monthly peer groups with a focus on Quality Improvement.	Rachelle: .03 FTE Staff: 0
Siouxland Human Investment Partnership (SHIP)	Linda Drey, Nursing Director	Uses PDCA/PDSA, root causes analysis, brainstorming, flow charting, and nominal group technique to conduct yearly programmatic data reviews and CQI projects. Patient Safety Improvement Corps national CQI intensive leadership training-developed skills in Lean, Gantt Charting, affinity diagraming, case/effect diagraming, force field analysis, histograms, pareto chart, story boarding and six sigma. Training from the Institute of Cultural Affairs in the ToP program in quality improvement.	Linda: .1 FTE Staff: Unknown
Lutheran Services in Iowa (LSI)- Black Hawk	Angela McCarthy, Home Visitation Supervisor	LSI CQI team member	Angie: .15 FTE Staff: .03 FTE
Lutheran Services in Iowa (LSI)- Clinton, Muscatine, Scott	Nancy Krause, Statewide Early Childhood Director	HFA peer-reviewer (as part of a CQI process), LSI CQI team member (CQI process: analyzing data for family outcome trends, reflective supervision with staff to discern how to improve these	Nancy: .2 FTE Staff: .03 FTE

Appendix D: CQI Regional Group Experience/Skills

		trends, planning, implementing and evaluating CQI projects that result from this analysis and discussion).	
Lee County Public Health	Missy Magee, Program Supervisor	Lee Co. Health Dep't QI team	Missy: 0 FTE Staff: .006 FTE
Promise Partners	Jessie DeWaele Griffis, Head Start Supervisor	None outside of state CQI group	Jessie: .03 FTE Staff: 0
Promise Partners	Tisha Moore, Early Childhood Coordinator	On-going data monitoring and analysis & team planning meetings where program strengths are identified from DAISEY data and these programs share their best practices.	Tisha: .07 FTE Staff: .05 FTE
State Home Visiting Member	Lynn Godwin, PAT Program Manager	National Home Visitor CDA mentor	Unknown
State Home Visiting Member	Laura Fisher Abbe, Early Childhood Programs Services Supervisor and Program Mentor	On-going data monitoring and analysis to guide staff professional development. Data review of all family outcomes data three times per year that underlies development of CQI Plans. Yearly Performance Standards Institute to review each federal standard and determine compliance with each standard, possible enhancements, and immediate changes needed.	Laura: .03 FTE Staff: .01

Activity	Quarter 1 Jan-March	Quarter 2 April-June	Quarter 3 July-Sept	Quarter 4 Oct-Dec
Regional CQI Team Meeting	Jan- Meeting	April- Meeting	July- Meeting	Oct- Meeting
CQI Report	Feb- Report disseminated	May- Report disseminated	Aug- Report disseminated	Nov- Report disseminated
Contractor Meeting	Jan, Feb, March- Call or Webinar	April, May, June- Call or Webinar	July, Aug, Sept- Call or Webinar	Oct, Nov, Dec- Call or Webinar
QA Program Manager and Data Lead Prep Meeting	Jan, Feb, March - Prep meeting	April, May, June- Prep meeting	July, Aug, Sept- Prep meeting	Oct, Nov, Dec- Prep meeting
Contractor Site Visit by State MIECHV Staff	Feb- Site visits complete	X	Aug- Site visits complete	X



Ongoing

Data quality checks by local contractors during all supervision

Local contractors and national model developers monitor contractor fidelity to national model

State data lead and QA Program Manager conduct DAISEY trainings and regular maintenance as needed